

5  
7

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AD FLD		ATTORNEY		ATTORNEY	
	CID	DEP	CID	DEP	CID	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
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TOTAL IND.	2					
TOTAL DEP.	32					
TOTAL CLAIMS	34					

	AD FLD		ATTORNEY		ATTORNEY	
	CID	DEP	CID	DEP	CID	DEP
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TOTAL DEP.						
TOTAL CLAIMS						